

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41542

BIRTH NO. _____		REG. DIST. NO. 226		PRIMARY REG. DIST. NO. 5800		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MONROE TOWNSHIP				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MONROE TOWNSHIP			
c. LENGTH OF STAY (in this place) 1 YRS				d. STREET ADDRESS (If rural, give location) MONROE CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE CITY				e. STREET ADDRESS (If rural, give location) MONROE CITY			
3. NAME OF DECEASED (Type or Print) MARY		a. (First) ELLA		b. (Middle) HANEY		c. (Last)	
4. DATE OF DEATH NOVEMBER 19-1950		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JULY 3-1884		9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		11. BIRTHPLACE (State or foreign country) HOLDEN, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN WHITE		13b. MOTHER'S MAIDEN NAME MARY JOE		14. NAME OF HUSBAND OR WIFE JOHN HANEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Randall Mudd		ADDRESS Monroe City	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) URAEMLIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC NEPHRITIS DUE TO (c) CEREBRAL HEMORRHAGE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 HOURS 5 YEARS 592X 7 MONTHS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from SEPT 9, 1946 , to NOV 19, 1950 , that I last saw the deceased alive on Nov 19, 1950 , and that death occurred at 11:58 p.m. , from the causes and on the date stated above.		23a. SIGNATURE John H. Mudd (Degree or title) M.D.	
23b. ADDRESS Monroe City Mo		23c. DATE SIGNED Nov 21, 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-21-1950	
24c. NAME OF CEMETERY OR CREMATORY ST. LUCAS CEMETERY		24d. LOCATION (City, town, or county) (State) MONROE CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON		ADDRESS MONROE CITY MO	
DATE REC'D BY LOCAL REG. 11-26-50		REGISTRAR'S SIGNATURE Anna M. Burdett		437		5800	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

Date Received: DEC 19 1950
DISTRICT HEALTH OFFICE
District File Number 12-50
Date Filed: DEC 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 301X

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.